HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) No, Sir. No incidence of death has been reported on account of non-consumption of edible iodised salt in the country.

(b) and (c) Do not arise in view of (a) above.

Poor services in CGHS dispensaries

2208. SHRI K.M. SAIFULLAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether All India Central Government Health Scheme Employees Association has complained about poor service in the dispensaries, inspite of steep increase in contribution rates; and

(b) if so, their main grievances and action taken to rectify them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) No, Sir. No such complaint has been received from All India CGHS Employees Association.

(b) Does not arise.

Tackling population growth

2209. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item, "U.N. report paints a grim picture", appearing in the Hindu dated 11th July, 2000;

(b) if so, Government's reaction thereto; and

(c) whether Government share the concern expressed in the UNDP's latest Human Development Report; if so, what steps are proposed to be taken to tackle the problem of burgeoning population growth in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) to (c) Yes, Sir. India started its family planning programmes in 1952 and, has recorded the following progress:

* Population growth is not stabilised as a result of Family Welfare Programmes alone. A large number of factors influence the growth of population and in turn are affected by it. Some of these factors are education, women's empowerment, women's status in the family etc. Actual success in stabilising population is dependent upon.

* Publicly stated support by the leadership within a community.

* Efficiency and accountability within the State Health System for ensuring effective delivery of services to citizens.

* Education, women's empowerment and women's status in the family.

* Resources available for the Family Welfare Programme.

All these inputs have been only partially available for the Family Welfare Programme and this is the reason why the results so far have been only partial.

The Population Stabilisation Programe has now been substantially revamped and strengthened. A major development has been the adoption of the comprehensive, integrated and holistic programme of reproductive and child health, since October, 1997 which amalgamates all earlier initiatives like the maternal and child health, the Universal Immunisation Programme, and the child survival and safe motherhood. The RCH programme bridges gaps in earlier programmes by focussing on neglected geographical sectors.

Government has adopted a National Policy in February, 2000 which provides for an inter-sectoral agenda to bring about population stabilisation within the country. The Policy affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services.